



City of Pullman  
Finance Department  
325 SE Paradise Street  
Pullman WA 99163  
509-338-3204  
[Utility@Pullman-WA.gov](mailto:Utility@Pullman-WA.gov)

## Application for COVID-19 Emergency Payment Plan – Utilities

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have been financially impacted by the COVID-19 virus and request a payment plan for utilities (water, sewer, and stormwater). I request to pay my outstanding balance over the next \_\_\_\_\_ months in equal installments. *\*Applicants may select up to 6 months without prior written approval from the Finance Department. If you are requesting a longer-term payment plan, please check here and the Finance Department will contact you:* ☐

Outstanding amount \$ \_\_\_\_\_ ÷ \_\_\_\_\_ (months from above) = \$ \_\_\_\_\_ Payment Amount

### **Terms & Conditions:**

Payments must be received in the Finance Department Office by the 20<sup>th</sup> of each month. No bill will be sent for this payment plan.

Payments are in addition to the regularly accrued charges for this account. Regular charges must remain current.

By making monthly payments as agreed upon under the COVID-19 Emergency Payment Plan, while such payment plan is in place the City of Pullman will not add late penalties or fees, or disconnect service to your account if at a later date the Governor of the State of Washington allows the utility to return to normal billing operations as per Pullman City Code.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Please submit this completed application via email to [Utility@Pullman-WA.gov](mailto:Utility@Pullman-WA.gov) or mail to City of Pullman Finance Department, 325 SE Paradise Street, Pullman WA 99163

The City will respond to the applicant within 10 business days of receiving the application.

### **For City Use Only:**

☐ Outstanding Amount Verified

☐ Payment Amount Verified

First Payment Due Date \_\_\_\_\_

☐ Approved by \_\_\_\_\_

☐ Rejected by \_\_\_\_\_

Reason for Rejection: \_\_\_\_\_